EXHIBIT #55E

Vascular Laboratory

BOSS, LARRY - 000346448320

* Final Report *

/PJ D: 09/30/2009 T: 10/01/2009 1:40 P DOC#: 1437621

Electronically Authenticated by
William Pearce, MD, RPVI 10/01/2009 16:23

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Technologist: M.ANDRUSHKIV

cc: Mark Morasch, MD, RPVT

Completed Action List:
* Perform by Contributor_system, SOFTMED on 30 September 2009 0:00
* Transcribe by Contributor_system, SOFTMED on 30 September 2009 0:00
* VERIFY by Contributor_system, SOFTMED on 30 September 2009 0:00

Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

WHD

OMB Control Number: 1215-0181
Expires: 12/31/2011

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: ______________________________

Employee's job title: ______________________ Regular work schedule: ______________

Employee's essential job functions: ______________________________

____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: Larry (First) Andrew (Middle) Boss (Last)

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: ROBERT A. FAJARDO, M.D. 122 So. MICHIGAN AVE, #1413 CHICAGO, IL 60603

Type of practice / Medical specialty: PSYCHIATRY

Telephone: (312) 922-6071 Fax: (312) 922-5656

CONTINUED ON NEXT PAGE

Confidential

Dr. Fajardo M.D.

This form needs to be completed and signed by you. (section III)

Thanks

L. Boss

10/21/10

TOTAL 5 pages
(including this page)

PART A: MEDICAL FACTS

1. Approximate date condition commenced: SPRING, 2009

Probable duration of condition: ANXIETY + DIZZINESS BEGAN '07-'08; SIGNIFICANTLY AGGRAVATED SPRING, '09; PROGRESSIVE WORSENING OF CONDITION.

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
X No ___ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

1/14/10 — 3/4/10 AND 10/6/10 — CURRENT

Will the patient need to have treatment visits at least twice per year due to the condition? ___ No X Yes.

Was medication, other than over-the-counter medication, prescribed? X No ___ Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
X No ___ Yes. If so, state the nature of such treatments and expected duration of treatment: APRIL, '09 + SEEN BY PRIMARY CARE PHYSICIAN, DR. DANIEL SISBARRO; ONGOING CARE

2. Is the medical condition pregnancy? NA ___ No ___ Yes. If so, expected delivery date: ___

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: ___ No X Yes.

If so, identify the job functions the employee is unable to perform: CAPACITY TO PERFORM SITE INSPECTIONS IS IMPAIRED. CONCENTRATION IS IMPAIRED. ONGOING AGITATED/APPREHENSIVE/DISRUPTION OF ROUTINE PROCESSING OF TASKS. HEARING IMPAIRED. SEVERELY IMPAIRED TEAM PARTICIPATION FUNCTIONS.

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

ONGOING NAUSEA ASSOCIATED WITH RECURRENT VERTIGO AND OCCASIONS OF SYNCOPE. ONGOING FEARFULNESS OF STROKE. ONGOING SWEATING + RAPID HEART BEAT. DELICACY OF MANAGEMENT OF DIABETES. — ANGER AND IMPATIENCE WITH SELF AND WITH OTHERS. FEELS THREATENED AND DISCRIMINATED AGAINST AT HIS WORK — SUFFERS WITH HYPERTENSION

PSYCHIATRIC DX: (300.02) GENERALIZED ANXIETY DISORDER

CONTINUED ON NEXT PAGE

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ___No X Yes.

   If so, estimate the beginning and ending dates for the period of incapacity: BEGINNING 11/8/10; ENDING UNCERTAIN

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ___No X Yes.

   If so, are the treatments or the reduced number of hours of work medically necessary?
   ___No X Yes.

   Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

   45" SESSIONS, WEEKLY OR BIWEEKLY, INDIVIDUAL MEDICAL PSYCHOTHERAPY.

   Estimate the part-time or reduced work schedule the employee needs, if any:

   NA hour(s) per day; _______ days per week from _______ through _______

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ____No X Yes.

   Is it medically necessary for the employee to be absent from work during the flare-ups?
   ____ No X Yes. If so, explain:

   EPISODES OF DIZZINESS, NAUSEA, RAPID HEART BEAT, BREATHING PROBLEMS, BALANCE PROBLEMS, HEARING PROBLEMS, SWEATING – THAT DRASTICALLY THREATEN HIS STABILITY.

   Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

   Frequency: 2 times per 1 week(s) _____ month(s)

   Duration: 1-3 hours or ___ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

CONTINUED ON NEXT PAGE

11/4/10

Signature of Health Care Provider **Date**

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

Boles

2/4/10 Working. No episodes since Aug '09 (1st episode Apr '09). No one has mentioned "syncope"; an review of his Sx's + impressions of other MDs. Most have said "not stroke" — shared c̄ him my activities, research, etc. He'll read about VVS.

2/16/10 Conversation c̄ Internist. Non-specific Sx picture/occurrence + non-specific Dx. No Hx of same. Spoke c̄ neurologist. Accord re the possibility of V.V.S. Not a determined specific Dx.

2/17/10 Further review of lit.

2/18/10 The "syncopal episodes" and the "vertiginous episodes" were apparently separate phenomena. But more than just 1-2-3x. All apparently ceased c̄ the closing of phase 1 of his hearing. He was judged "discriminated against", won his case and a compensatory damage amt. — My impressions shared re potentially related to all the stress of '09, but not certain. — Now he's into phase 2. He is no longer under the previous ♀, but no hiring at HCIS has meant more work coming his way, pressure. We will meet a few times to better understand the stress.

3/2/10 Conversation c̄ Mr. James Fuchs - Atty.

3/3/10 Stress re basic/ongoing atmos there, less than before, but still an issue. He hopes for transfer (remote) or to "put in his time" (2 yrs). #2 case still in process

12 SESSIONS 90807
05TD64000

— OVER —

February 16, 2010

Civil Service Retirement System
Federal Employee Retirement System
Office of Personnel Management
Reports & Forms Coordinator, Paperwork Reduction Project
Washington, D.C. 20415
Re: Medical Documentation

Re: Larry A. Boss
BD: 06/09/1952
SS# xxx-xx-8320

Dear Sirs:

Mr. Larry A. Boss is a 58 year old, single, African-American man, who I first saw in consultation in January, 2010. I have subsequently been treating him in individual medical psychotherapy (90807). His condition is one that has existed for over four years. While initially involving a stressful work situation, his work capacity has become further, adversely affected by a stroke (diagnosed in July, 2009), recurrent episodes of stress related syncope, flare-ups of hypertension, and his longstanding Diabetes Mellitus. The debilitating effects of these medical problems have rendered him incapable of performing his routine job responsibilities. More recently, the stress related syncope episodes started to recur in October, 2010. Because of Mr. Boss' precarious health condition (the accompanying hypertension and diabetes), he is in constant fear of having another stroke or a heart attack. These matters of uneasiness and suffering, especially the fear of having another stroke or a heart attack, are always on his mind.

Additionally, Mr. Boss has felt discriminated against in his work place. In an attempt to minimize the stressful, discriminatory work situation, Mr. Boss filed an EEO complaint, and a judicial finding in his favor was issued in September, 2009. Acts of reprisal from vindictive managers/supervisors have been the resulting workplace consequences of this action. The experienced discrimination and associated stresses continue to be an additional emotional burden despite the EEOC's favorable judgment.

The stress in his work life has involved an ongoing sense of or felt state of depreciation, hostility, and excessiveness of demands. On Mr. Boss' part this has caused severe anxiety, resentment and anger, sleep disturbance, fatigue, concentration difficulties, rapid heart beat, excessive sweating, muscular aches and pains, hearing problems, and the ongoing syncope episodes and the fear of another stroke. His ability to perform routine job and work functions is severely impaired. He becomes depressed, withdrawn, and suffers self-esteem issues to the point of being absent from work and is avoiding tasks that are expected of him.